

POLICIES & PROCEDURES FOR  
INTENSIVE FAMILY EDUCATION & SUPPORT HOME & COMMUNITY  
BASED WAIVER SERVICES



*Developmental Disabilities Program  
Disability Services Division  
Department of Public Health & Human Services  
State of Montana*

*January 25, 2007*

## **I. Definitions:**

***Developmental Disabilities Program (DDP):*** Under the Disability Services Division of the Montana Department of Public Health & Human Services. The Department contracts with Qualified Providers to provide community-based services to eligible individuals with developmental disabilities and their families.

***Family:*** The natural parents, adoptive parents, foster parents, grandparents, guardians, stepparents or others with whom a child lives, and persons who are legally responsible for the child's welfare.

***Family Support Specialist:*** A person employed by a Qualified Provider of Intensive Family Education & Support services who provides services for eligible individuals with developmental disabilities and their families, and who is certified by the DDP of the Department of Public Health & Human Services to deliver support coordination and Family Education and Support services.

***Quality Improvement Specialist:*** A person employed by the DDP in a field-based position responsible for monitoring Qualified Providers and making placement decisions, based on the referral packets, prepared by the State Qualified providers, when an opening occurs in their region.

***IFE&S Screening panel:*** Individuals who will make a placement determination. The panel consists of 2 State Quality Improvement Specialists. The Quality Improvement Specialist assigned to the Child and Family Provider(s) in the region where the opening occurs is responsible for soliciting and managing the screening documents and all other necessary arrangements.

***IFE&S Service Regions:*** Montana is divided into geographical regions and each Region is supervised by a Regional Manager. IFE&S services are delivered by Qualified Providers who are responsible for the comprehensive provision of IFE&S services to the entire Region(s) in which they are qualified by DDP to serve.

***Intensive Family Education & Support Services (IFE&S):*** 37.34.208, ARM; 37.34.901, et. seq., ARM.

***Individualized Family Service Plan (IFSP):*** A written plan for organizing and directing the delivery of family education and support services to a child and the child's family. The plan is based on a family's concerns and priorities for resources, supports and assistance. The plan helps each family establish and achieve its goals. The plan is part of a dynamic planning process undertaken by an interdisciplinary team. The family is the primary member of the team and is the final decision maker.

***Qualified Provider:*** An agency determined by DDP to be a Qualified Provider that has a contract with the Department of Public Health & Human Services to provide Intensive

Family Education & Support services to eligible individuals with developmental disabilities and their families.

***Regional Manager:*** A person employed by the DDP in one of the field-based (Regional) supervisory positions.

## **II. Comprehensive Provision of IFE&S Services by Qualified Providers:**

Qualified Providers must provide IFE&S services to the entire Region(s) in which they are qualified by DDP to serve. The Qualified Provider ensures comprehensive provision of IFE&S services in their Region(s) as follows:

- A. The Qualified Provider must provide IFE&S services anywhere in their Region(s) by direct provision of services, or as otherwise negotiated, subcontracted, or provided by interagency agreement between two Qualified Providers. Such provision of services as otherwise negotiated, subcontracted or provided by interagency agreement, and all subsequent amendments, must be approved by the Developmental Disabilities Program Regional Manager.
- B. The Qualified Provider can decline provision of IFE&S services to an individual in their Region(s) under the following circumstances:
  - 1. The Qualified Provider was selected to provide IFE&S services in the rotation process, as described in Section IV.A.4 herein, and their direct provision of services has been otherwise negotiated, subcontracted, or provided by interagency agreement with another Qualified Provider as approved by the DDP.
  - 2. By approval of the Regional Manager, the Qualified Provider can decline provision of IFE&S services to an individual due to applicable circumstances outlined in the *DDP Exit policy dated, August 9, 2006*.

## **III. IFE&S Eligibility Determination for an Individual Currently Receiving Services (Part C Early Intervention Services, Family Education and Support Services) administered by the Developmental Disabilities Program:**

- A. Referral to IFE&S Services:

The Family Support Specialist makes the referral for an individual to IFE&S services by gathering eligibility information, i.e. developmental assessments, IQ results, psychological reports, medical data, etc. and submitting the information to the Qualified Provider's Eligibility Review Panel for determination of the

individual's eligibility for placement on the IFE&S Waiting List. The individual must be determined developmentally disabled in order to be eligible for Intensive Family Education and Support Services.

B. IFE&S Eligibility:

1. The Qualified Provider's Eligibility Review Panel will review the referred eligibility documentation to determine the individual's eligibility for placement on the waiting list for Intensive Family Education and Support services 37.34.208,et. Seq., ARM. The decision of the Eligibility Review Panel is made by consensus vote of the Panel members. The Eligibility Review Panel must have *at least 3* members including a Family Support Specialist and Administrator/Supervisor. One of the members of the Qualified Provider's Eligibility Review Panel should be the staff who has the most recent contact with the family and the individual applicant. A Quality Improvement Specialist from the Qualified Provider's region will be invited to all meetings of the Eligibility Review Panel. Optional Panel members who may be invited are the Qualified Provider's Evaluation Coordinator, Intake Coordinator, Program Coordinator, and/or Fiscal Coordinator. Family Members are welcome to attend for their child's presentation and discussion only, but will not have a vote.
2. If the individual is eligible to be placed on the Waiting List for IFE&S services, the individual's family is notified by their Qualified Provider, and the IFE&S Application Packet is completed and submitted to the local Regional Office and the individual is placed on the IFE&S Waiting List.
3. If the individual is not eligible to be placed on the Waiting List for IFE&S services, the individual's family is notified by their Qualified Provider, and the Qualified Provider will offer advice, assistance and appropriate referral to other resources. The Qualified Provider will notify the family of their right to appeal and to Fair Hearing. If the individual's needs change after they were found not eligible for IFE&S services, the Family Support Specialist can make another referral for IFE&S services.
4. An adverse decision regarding eligibility for IFE&S Waiting List for IFE&S Services, may be appealed through the internal grievance procedure provided by the individual's Qualified Provider. If a resolution to the adverse decision regarding eligibility cannot be reached through the internal grievance procedure, the adverse decision may be referred to Fair Hearing under the provisions of 37.5.115, et. seq., ARM.

**IV. IFE&S Eligibility Determination for an Individual NOT Currently Receiving Services (Part C Early Intervention Services, Family Education and Support Services) administered by the Developmental Disabilities Program:**

If a referral for IFE&S services is initially made for an individual, who is not currently receiving developmental disability services, then the family's *first step* is to select a Qualified Provider (Section IV.A herein). The *second step* is for the selected Qualified Provider to determine if the individual meets the criteria under the definition of developmental disability (Section IV.B herein). If eligible for developmental disability services, the *third step* is to determine if the individual is eligible to be placed on the Waiting List for IFE&S services (Section IV.C herein).

A. Referral and Selection of Qualified Provider:

1. If a referral for IFE&S services is initially made for an individual, who is not currently receiving developmental disability services, to a Qualified Provider, the Qualified Provider will present a description of available developmental disability services in the Region to the family and provide contact information for the Regional Office. The family can choose to continue with the contacted Qualified Provider to complete the referral and eligibility process, or can elect to contact another Qualified Provider, or can elect to contact the Regional Office for more Qualified Provider information.
2. If the contacted Qualified Provider elects to decline the initial referral as described in Section II.B.1, then the Qualified Provider has the responsibility to contact the Regional Office as soon as possible with notification of the referral information.
3. If a referral for IFE&S services is made for an individual, who is not currently receiving developmental disability services, to a Regional Office, the Regional Office will present the family with a description of available developmental disability services in the Region and a list of Qualified Providers in the Region within 5 working days from the date of the referral. Within 10 working days from the date the family is presented with the services information from the Regional Office, the family will select a Qualified Provider and notify the QIS of the decision, or the Regional Office will implement the Qualified Provider rotation process. An additional extension of 10 working days may be granted to the family under special circumstances; however the family must notify the QIS of the need for the extension of time. The family will notify the QIS of their decision.

The Regional Offices will develop and implement internal procedures to follow when a referral for IFE&S services is made to the Regional Office.

3. Qualified Provider Rotation Process:

- a. If the referred family does not make a selection of a Qualified Provider from the list of Qualified Providers in their Region, then the Qualified Provider rotation process will be implemented by the Regional Office.
  - b. The Regional Offices' internal procedures will include a rotation process whereby the names of all Qualified Providers within their Regions are listed, and the names will be rotated from the top of the list to the bottom of the list. The referral is made to the Qualified Provider on the top of the list. Once the referral has been made to the Qualified Provider at the top of the list, that Qualified Provider's name goes to the bottom of the list and the next Qualified Provider's name moves up to the top of the list, and so on. Initially, each Regional Office will begin its list of Qualified Providers in their Region by placing them in alphabetical order. When the name of a new Qualified Provider is added to the list, the new name will be placed at the bottom of the list in the rotation process.
  - c. The Regional Office will assign a QIS to the referred family and, as needed, will facilitate the selection of a Qualified Provider with the family, which may include scheduling interviews with the family and potential Qualified Providers and providing additional information, brochures, and materials.
5. The family can choose a different Qualified Provider, other than the one at the top of the rotation list.
6. The Qualified Provider selected to provide IFE&S services in the rotation process can decline provision of services to an individual, if their direct provision of services has been otherwise negotiated, subcontracted or provided by interagency agreement with another Qualified Provider as approved by the DDP, in accordance with Section II herein.
7. The Regional Offices' internal procedures will identify specific responsibilities of Regional Office personnel as they relate to referrals. The Regional Offices' internal procedures will include a record keeping system of the referrals made to the Regional Office, inclusive of: the date of referral, name, address and telephone number, primary source of referral (i.e. doctor, family member, etc.), the name, address and telephone number of the Qualified Provider the family was referred to, the name of Regional Office staff person who assigned the referral, and the rotation made to identify the next name of the Qualified Provider on the list for the next referral to the Regional Office.

B. Developmental Disability Eligibility:

1. In accordance with 37.34.201, ARM, the selected Qualified Provider will determine if the individual meets the criteria under the definition of developmental disability, found at 53-20-202(3), MCA.
2. If the individual is eligible for Developmental Disability Services, the Qualified Provider will present a description of available developmental disability services in the Region to the family and provide contact information for the Regional Office. The family can choose to continue with the contacted Qualified Provider, can select another Qualified Provider, or can elect to contact the Regional Office for more Qualified Provider information.
3. If the individual is not eligible for Developmental Disability Services, information and referral to more appropriate services must be provided to the family, verbally and in writing, by the Qualified Provider.

C. IFE&S Eligibility:

After the individual's eligibility for Developmental Disability Services has been determined, the Family Support Specialist then makes the referral for the individual to IFE&S services by assisting the family in completing the Intensive Family Education and Support Services Packet. The completed packet is then submitted to the Qualified Provider and the individual's name is placed on the IFE&S Waiting List and the procedures outlined in Section III herein are followed.

D. Right to Appeal:

An adverse decision regarding eligibility for any service, except as otherwise provided in 37.34.226, ARM, may be appealed under the provisions of 37.5.115, et. seq., ARM.

- E. Under the procedures outlined in this Section IV, where an individual was referred to IFE&S services, who was not currently receiving Developmental Disability Services, and who subsequently was determined to be developmentally disabled, and who subsequently was determined to be eligible for placement on the IFE&S Waiting List, the DDP will reimburse (up to a maximum amount of \$350.00) the selected Qualified Provider's expenses related to the developmental disability eligibility determination and eligibility determination for placement on the IFE&S Waiting List. The DDP will make this reimbursement one time only per applicable individual.

**V. IFE&S Waiting Lists:**

- A. The IFE&S Waiting List is made up of individuals whose *Application Packets* have been completed and submitted to a Qualified Provider. Each Qualified Provider will maintain an internal IFE&S Waiting List. The Internal Provider Agency List will be updated monthly and submitted to the Regional Office monthly.
- B. The Regional Offices will maintain an IFE&S Waiting List for their Region in the State database.
- C. The DDP Central Office will maintain the “master” IFE&S Waiting List, inclusive of all names of eligible individuals in all Five Regions of Montana.
- D. If an individual, who is receiving other Developmental Disability Services and who is on the IFE&S Waiting List, moves to a different Region, then the new Qualified Provider is responsible for reviewing and updating the *Intensive Family Education & Support Services (Home & Community Based Medicaid Waiver Services) Application Packet* as part of the transition process. The previous Qualified Provider supplies the initial *Application Packet* to the new Qualified Provider as part of the transition process.

**VI. IFE&S Screening and Entry Into IFE&S Services:**

The DDP has developed the following standardized set of procedures for the IFE&S screening process which must be implemented by Regional Screening Panel in all DDP Regions of the State.

- A. A Qualified Provider notifies the Regional Office when there is a vacancy in IFE&S services within 10 working days of exit from services.
- B. Qualified Providers of IFE&S services in the Region are notified of the IFE&S vacancy by the Regional Office within 10 working days. This notification will include the date, time and location of the screening. The Screening date will be within 30 calendar days of notification. The State retains the right to grant an exception to the 30 day period for unusual or extraordinary circumstances.
- C. Upon notification of a vacancy and screening, Qualified Providers will submit a list of the individuals waiting for IFE&S services, an IFE&S update form (see Appendix A for a copy of the statewide standard form) and the prioritization scale scores for all individuals on the IFE&S Waiting List to the local DDP office 10 working days prior to the Screening date. New completed applications should also be submitted. Providers are responsible for seeing that new staff are trained in filling out the applications and applying the prioritization scale scoring tool.



Upon request State Quality Improvement Specialist Staff will assist with training. If the packets are not complete they will not be considered for an opening and will be sent back to the provider for completion and resubmission at the next screening. Crisis or significant change information may be submitted in writing up to the time the Screening panel convenes. It is the Providers responsibility to see that the information in the up-dated form and the application packet at the time of the screening is current and relevant to the applicants needs.

1. The *Application Packets* will be reviewed by the Quality Improvement Specialists prior to the screening date for completeness. All packets that are complete will be considered by the 2 State Quality Improvement Specialists for placement into Intensive Family Education and Support Waiver Services based on the information in the packet and the prioritization scale scoring tool developed for the State to be utilized for screening purposes.
  2. The Chair, Quality Improvement Specialist (the Quality Improvement Specialist responsible for monitoring children's services in the region where the vacancy occurs) will check the names on the Qualified Provider's IFE&S Waiting List against the Regional Office's IFE&S Waiting List and the Referral Packets to make sure all eligible individuals are accounted for, prior to the screening date.
  3. The *Chair*, Quality Improvement Specialist will develop a "***Master List***" of all the eligible individuals' names and the *Prioritization Scale Score* received from the Qualified Providers for the screening.
- D. Within 30 calendar days of the IFE&S vacancy notification, the panel of 2 State Quality Improvement Specialists is convened, unless the screening is postponed for unusual or extraordinary circumstances.
1. The Quality Improvement Specialists will set the date, time, and location of the screening meeting at least 15 days prior to the screening meeting. They will notify the providers and the Regional Office of the schedule date, location and time.
  2. Both Quality Improvement Specialists will attend in person.
  3. The Chair will review the confidentiality clause (Section VI.O) of the Policies and Procedures manual for IFE&S. \*Notes may be taken during the screening meeting.
  4. The Chair will be responsible for taking the minutes of the Regional Screening Panel and will be responsible for keeping all of the Regional Screening Panel's meeting information. Within 10 working days of the

Regional Screening Panel's decision, the Chair will provide the Regional Office with a copy of the minutes. The minutes will include:

- a. names and agency affiliation of Individuals referred for screening
  - b. general notes and discussion on each individual considered for the IFE&S opening.
  - c. narrative of the Regional Screening Panel's decision of the primary and secondary selections.
5. The Chair will keep a copy of the *Application Packets* of all individuals considered at the screening meeting.
- E. All applications will be discussed and prioritized by the Screening Panel. Emphasis will be on the applicants with the highest Prioritization Scale scores. This does not mean that the individual with the highest prioritization scale is automatically selected for the opening. It is a tool with which to begin the selection process, other factors to be considered by the Screening Panel are minimal service needs, ancillary supports, natural supports, impact if not selected, impact if selected and health and safety needs can be met with the Waiver Service.
- F. The Regional Screening Panel will consider utilization of all other possible resources for the applicants being considered for the IFE&S opening. This means that the Panel will discuss what other services, through other agencies, may be available to help the family. If other services are available and they may qualify, this may help in the decision process. The Screening Panel may also request clarification of submitted information in the screening process of each individual.
- G. Decision of Regional Screening Panel. A primary selection and a secondary selection will be made by consensus of the Regional Screening Panel Quality Improvement Specialists.
1. If the Regional Screening Panel cannot reach consensus concerning primary and/or secondary selections, the matter will be presented to the Screening Review Board. The Screening Review Board will make the decision on primary and/or secondary selections.
  2. The Regional Screening Panel Chairperson will mail written notification of the impasse to the Director, Developmental Disabilities Program, Department of Public Health & Human Services, 111 Sanders Room 305, P.O. Box 4210, Helena, MT 59604-4210, and request a decision by the Screening Review Board. The written request must be

mailed within 5 working days of the Regional Screening Panel's screening date, where consensus was not achieved.

3. The written request will include the *Application Packet* information for the relevant individuals involved, as it was available to the Screening Panel at the time of the screening; any screening forms that were used by the Panel; and the Screening Panel minutes.
  4. Within 10 working days from the date of the receipt of the written request, the DDP Director will convene the Screening Review Board. The Screening Review Board members are: the Child & Family Services Specialist, the Waiver Specialist and a Developmental Disabilities Program Bureau Chief.
  5. Decision of the Screening Review Board.
    - a. No materials will be reviewed by the Board that were not available to the original Screening Panel.
    - b. Decision of the Screening Review Board is based on a majority vote determination.
    - c. The Screening Review Board will send written notification of its decision to the DDP Director within 2 working days.
  6. The DDP Director will give written notice of the Screening Review Board's decision to the Regional Screening Committee Chairperson within 2 working days. The Chairperson will be responsible for notifying the applicants and their families and Sections J through Q herein will be followed.
  7. Decisions of the Screening Review Board may be appealed through the Department of Public Health & Human Services' Fair Hearing process as provided in 37.5.115, et. seq., ARM, by the family or person representing the interests of an individual.
- H. Written notice will be provided in writing to the family within 7 working days of the Screening Panel's decision (unless consensus was not reached and the Screening Review Board process outlined in Section G above was implemented). The written notice will inform a family not selected that the family may request a review of the matter by the Screening Review Board, and that a decision by the Screening Review Board may be appealed through the Department of Public Health & Human Services' Fair Hearing process as provided in 37.5.115, et. seq., ARM. Additionally, the written notice will include reference to the advocacy

services that are generally available in Montana for children with developmental disabilities and their families.

- I. In the case of an adverse decision by the Screening Panel upon receipt of notice the family or person representing the interest of the child may file a written appeal with the DDP Director within 10 working days. The DDP Director will convene the Screening Review Board whose members are: the Child and Family Specialist, the Waiver Specialist and a Developmental Disabilities Program Bureau Chief. The Board must convene within 10 working days upon receipt of the appeal and must notify the DDP Director within 2 working days of their decision. The DDP Director must notify the family within 2 working days of the Boards decision.
  1. Within 5 working days from the date of the written request for review by the Board, the Regional Screening Chairperson must submit to the Screening Review Board all screening materials.
  2. Decision of the Screening Review Board
    - a. No materials will be reviewed by the Screening Review Board that were not available to the original Regional Screening Committee.
    - b. Decision of the Screening Review Board is based on a majority vote determination.
    - c. If the Screening Review Board determines in its review that there were no screening procedural failures, then the Board will affirm the Regional Screening Procedure.
    - d. The Screening Review Board will send written notification of its decision to the DDP Director within 2 working days.
  3. The DDP Director will give written notice within 2 working days of the Screening Review Board's decision to the parties involved in the appeal, including the Regional Screening Committee Chairperson. Additionally, the written notice will include reference to the advocacy services that are generally available in Montana for children with Developmental Disabilities and their families.
  4. Decisions of the Screening Review Board may be appealed through the Department of Public Health & Human Services' Fair Hearing process as provided in 37.5.115, et. seq., ARM, by the family whose selection is at issue in the appeal or by the individual's representative.

- a. Other persons or entities may not appeal an adverse decision of the Screening Review Board as provided in 37.5.115, et. seq., ARM.
- J. Within 10 working days, the family of the individual selected will be contacted by the Quality Improvement Specialist and a home visit scheduled with the family. If the family wishes to invite professionals to provide support during the meeting they may do so.

At the home visit, the Quality Improvement Specialist and a Registered Nurse complete Level of Care Determination (Waiver I form/LTCA form/Waiver III form/Waiver 55 form). The Quality Improvement Specialist will provide and review with the family a list of Qualified Providers of IFE&S services in their Region, including contact information; a set of sample questions for potential Qualified Providers; additional information, brochures, materials; and as needed will facilitate scheduling interviews between families and potential Qualified Providers.
- K. If the family of the primary individual selected declines the IFE&S service opportunity, the family of the secondary individual selected will be contacted.
- L. The family has 10 working days following the date of their home visit with the QIS and Registered Nurse to make a selection of their Qualified Provider. An additional extension of 10 working days may be granted to the family under special circumstances; however, the family must notify the QIS of the need for the extension of time. The family will notify the QIS of their decision in writing. If assistance is needed in completing a written document the Qualified Provider will assign staff to aid the family in preparing the document. The family will meet with their selected Qualified Provider to develop an Individual Family Support Plan (IFSP) and cost plan, and services will begin.
- M. The Regional Office will provide notification to Qualified Providers in their Region of the family's selection. A copy of the Qualified Provider Choice form will be provided to the Qualified Provider selected, as well as those Providers in the Region who were not selected. *The selected Qualified provider will Contact the family within 5 working days to begin the development of the IFSP and Individual Cost Plan so services can begin.*
- N. Individuals on IFE&S Waiting Lists not selected by the Regional Screening Panel stay on the IFE&S Waiting List. The Chair of the Screening Panel will notify those families not selected by letter within 15 working days from the date of the screening of the outcome of the Screening and their child's continued placement on the IFE&S Waiting List.

- O. Regional Screening Panel meeting information will be kept by the Regional Screening Panel Chairperson. Screening Review Board meeting information will be kept by the Child and Family Specialist.
- P. The QIS (and Registered Nurse, if needed, at the discretion of the QIS) will conduct an annual IFE&S Level of Care Redetermination of the child/family, to determine ongoing eligibility and need for IFE&S services.

**VII. Porting and Transitioning IFE&S Services:**

- A. At least annually and at every IFSP team meeting, individuals and their families receiving IFE&S services may choose to port their services to a different Qualified Provider of IFE&S services in the Region where they live. Because the IFSP must be evaluated, revised or rewritten in response to the individual's needs or as otherwise necessary, a family may request an IFSP team meeting at any time. Additionally, at any time, a family may choose to move to a different Region in Montana and select a Qualified Provider of IFE&S services in the Region they are moving to. When the individual and family receiving IFE&S services choose a different Qualified Provider, the negotiated amount or statewide average IFE&S cost plan amount goes with the individual and is available for the individual to use elsewhere within Montana.
- B. If a family chooses to port their IFE&S services to another Qualified Provider, the family will give a 90-day written notice to a representative of their current Qualified Provider. If assistance is required in preparing the written documentation and the State Qualified Provider is not able to provide assistance the family may contact the State Regional Office and the Regional Manager will assign a staff member to assist with the preparation of the written documentation. The time period may be decreased if agreed upon by all involved parties. The Qualified Provider will notify the Regional Office.
  - 1. The Regional Office will assign a Quality Improvement Specialist to the family and provide a current list of Qualified Providers of IFE&S services in their Region. As needed, the Quality Improvement Specialist will facilitate scheduling interviews with the family and potential Qualified Providers and provide additional information, brochures, and materials.
  - 2. The family can select a Qualified Provider or the Regional Office will implement the Qualified Provider Rotation Process pursuant to Section IV.A.4.
- C. The family has 10 working days following their contact with the Quality Improvement Specialist (QIS) to make a selection of their Qualified Provider. An additional extension of 10 working days may be granted to the family under special circumstances; however, the family must notify the QIS of the need for the

extension of time. The family will notify the QIS of their decision in writing. If the family requires assistance in preparing the written documentation, they may ask the Quality Improvement Specialist for assistance.

D. The Qualified Providers will meet to negotiate the cost plan amount to be determined by mutual agreement of the 2 Qualified Provider representatives.

1. Negotiations on the cost plan amount between the 2 Qualified Provider representatives will not exceed 10 working days from the date of notification to the QIS by the family of their decision of Qualified Provider. Regional Managers will be available to assist in this process.
2. In the event the 2 Qualified Provider representatives cannot agree on an annualized and cost plan amount for the individual to be ported, within 10 working days (as outlined in Section VII.D.1 above), then the Regional Manager(s) will make the final determination. In this case, the Regional Manager(s) will transfer an amount, up to the statewide average IFE&S cost plan amount, and the 2 Qualified Providers' contracts will be amended.
3. *The IFE&S cost plan amount will be calculated* annually by the DDP Central Office on July 1 (the beginning of the state fiscal year) and remain in effect thru June 30 (the end of the state fiscal year). The calculation will be:

\$_____	Total IFE&S contracted funds and individuals
- _____	less SNAP/INC/MYI plan funds and individuals
	designated in contracts (Appendix I)
- _____	less crisis funds and individuals designated in contracts
	(Appendix I)
= _____	The statewide IFE&S amount
÷ _____	The total number of contracted IFE&S individuals, less
	<b>SNAP/INC/MYI and crisis individuals</b>
= \$_____	<i>The statewide average IFE&amp;S cost plan amount</i>

E. When a ported IFE&S service is vacated the Qualified Provider will notify the Regional Office and the IFE&S screening process will be followed.

F. The Regional Offices are responsible for notifying the DDP Central Office of the DDP contract amendments and are responsible for amending the contracts with the 2 Qualified Providers involved.

#### **VIII. DDP and Qualified Provider's Assurance of Family's Choice of Qualified Provider of IFE&S Services:**

- A. The Service Agreements approved by Developmental Disabilities Program and used by the Qualified Providers will include language for verification that the individual and their family receiving IFE&S services: 1) have been notified that IFE&S services are portable; 2) the family may choose their Qualified Provider from among Developmental Disabilities Program's list of Qualified Providers of IFE&S services in their Region; 3) the family was given a copy of Developmental Disabilities Program's list of Qualified Providers of IFE&S services in their Region; 4) identifies the family's choice of Qualified Provider; and 5) signed by the family or individual's representative. Service Agreements will be executed at least annually, or whenever the Individual Family Service Plan must be revised in response to the individual's needs or as otherwise necessary, and attached to the individual's Individual Family Service Plan.

**IX. IFE&S Crisis Funds:**

The DDP will, at its discretion, allocate IFE&S crisis funds to meet the short-term needs of individuals determined to be in crisis situations. The Qualified Provider, in meeting the needs of individuals in crisis situations, will follow these requirements:

- A. An individual accessing IFE&S crisis services must meet all waiver requirements and be on the Intensive Family Education and Support Waiting List.
- B. Utilization of IFE&S crisis services should be based on criteria, which may include imminent risk of out-of-home placement or protection from abuse or neglect. IFE&S crisis services should be viewed as a short-term solution for individuals who are truly in critical need. Approval for utilization of IFE&S crisis services must address the manner and projected time lines in which the crisis will be resolved. The specific cost plan and necessary waiver service opportunity must be approved in writing by the Regional Manager.
- C. Any expenditures incurred by the Qualified Provider must meet the conditions specified in the written procedures for crisis service utilization established by the Regional Manager and approved by the DDP Community Services Bureau Chief.
- D. IFE&S crisis services may follow an individual who moves to another area of Montana or chooses a different Qualified Provider of IFE&S services, contingent upon the approval of the Regional Manager(s). These IFE&S crisis services will immediately return to the originating Qualified Provider within the time lines outlined in the approved plan (i.e. 3 months) unless an extension is granted by the originating Qualified Provider and Regional Manager(s) or earlier if the individual no longer needs them. Vacancies in IFE&S crisis services will not be filled through the Regional Screening Process.



**X. IFE&S Allocation:**

DDP Central Office may review IFE&S Services allocation, regionally and statewide, as part of the Legislative process (Executive Planning Process or “EPP”) every 2 years.

**XI. Exiting IFE&S Services:**

- A. The IFSP team will develop transition goals to support the individual and family while exiting IFE&S services, as appropriate.
- B. *The DDP Exit Policy, Dated, November 14, 2006* is incorporated herein by reference and will be followed.
- C. The Qualified Provider will notify the Regional Office of the IFE&S service vacancy and the Regional Screening Panel process will be followed.

**XII. SNAP/ INC/ MYI Slots:**

- A. SNAP/ INC/ MYI services are specifically identified and the original cost plan amount is tracked in DDP contracts with Qualified Providers. in Appendix I, separately from IFE&S services, by the DDP Regional Office.
- B. When a SNAP/ INC/ MYI service is vacated, the Qualified Provider notifies their Regional Office.
- C. The Quality Improvement Specialist notifies the Residential Treatment Program Officer in the Regional Administration Office for Child and Family Services, the Division Administrator of the Child and Family Services Division of the Department of Public Health & Human Services, and the DDP Community Services Bureau Chief. The Child and Family Services Division has first option to fill the vacancy with an eligible individual, if that individual can be served safely in the community.
- D. SNAP/ INC/ MYI Eligibility Criteria:
  - 1. IFE&S waiver requirements must be met, including risk for institutionalization;
  - 2. The individual must have intensive service needs;
  - 3. The individual must be dually diagnosed with both Developmental Disabilities and emotional disturbance;
  - 4. The individual must be Medicaid eligible;

5. The individual must be under age 19. However when absolutely necessary, the children may remain in their placements for a “reasonable” period of time beyond their 19<sup>th</sup> birthday in order to allow QISs and Case Management time to secure an alternative placement; and
  6. The individual must be under the custody of the Child and Family Services Division. However, in the event an individual under the custody of the Child and Family Services Division was not referred, the vacancy could be filled with an individual that meets all of the other eligibility criteria.
- E. Referrals from the Child and Family Services Division will be sent to the Quality Improvement Specialist within 30 calendar days. If a referral is received and the eligibility criteria in Section XII.D is met, then that individual will be selected to fill the vacancy. If more than one eligible individual is referred, then the Regional Screening Panel process will be followed.
  - F. If, after 30 calendar days, the Child and Family Services Division does not have an eligible individual, then the service vacancy goes through the Regional Screening Panel process, utilizing the SNAP/ INC/ MYI eligibility criteria in Section XII.D.
  - G. If the Region does not have an eligible individual, then the vacancy goes to a State Screening Panel and the remaining Regions’ eligible individuals are considered for the vacancy. The State Screening Panel members are: 2 DDP Quality Improvement Specialists, a Child and Family Services Division representative and a Developmental Disabilities Program Bureau Chief.
  - H. IFE&S Waiting Lists, materials, and discussions presented during the Regional Screening Panel will be maintained as confidential information by the Regional Screening Panel Chairperson. Screening Review Board meeting information will be kept confidential by the Child and Family Specialist.
  - I. When a ported SNAP/ INC/ MYI service is vacated the State Qualified Provider will notify the Regional Office and the vacancy will be filled as outlined in Section XII herein.
  - J. The Regional Offices are responsible for notifying the DDP Central Office of the Developmental Disabilities Program contract amendments and are responsible for amending the contracts with the Qualified Providers involved.

### **XIII Intensive Family Education and Support and Family Education and Support Service Exchange Policy**

Service Exchanges between recipients of Family Education and Support and Intensive Family Education and Support Services are not permitted. Entry into

Intensive Family Education and Support Services must follow the screening Process outlined in this document.

## **Appendix A**

### **Developmental Disabilities Program IFE&S Exit Policy and Forms**

- **Developmental Disabilities Program Exit Policy, November 14, 2007**
- **IFE&S Update Form**
- **Qualified Provider Choice Form**
- **Approval Letter**
- **Denial Letter**

November 14, 2006

## **Developmental Disabilities Exit Policy Memo**

TO: Case Managers, Contracted Case Managers, State Staff, and Providers of Services

FROM: Jeff Sturm, Developmental Disabilities Program Director

This memo covers the circumstances in which an individual in Developmental Disabilities Services may be exited from services. This policy is intended to provide direction to providers when an exit is planned. Exiting individuals from services is a serious matter and careful consideration and planning must take place prior to an exit as it may leave an individual without services or in some cases without a residence. In the three circumstances listed below, the third option would be initiated by the Developmental Disabilities Program whereas the first two may be provider initiated.

1. A provider may exit an individual from services because they can not meet their health and safety needs. In the situation where the provider feels they can not meet health and safety needs and the consensus of the IP /PSP team is they can, the IP/PSP appeal process as stated in the IP rule ARM 37.34. 1114 must be followed. Providers exiting an individual from services for health and safety must give ninety (90) days written notice to the individual and all Individual Planning Team members. A plan must be developed and executed as soon as possible but no later than five (5) calendar days. It should be noted that the individual's remaining annual funds remain with them, unless they are exited from the Waiver, (please see section 3). If at the time of the meeting, the decision remains that the individual will be exited from services, the individual must be notified in writing of that intent, the reasons for their termination from services and notified that they have a right to request a Fair Hearing. The Fair Hearing requirements and procedures are found at ARM 37.5.115.

2. A provider may exit an individual from services for failure to follow through with PSP Service Actions & Outcomes or IP Goals for a period of thirty (30) days. The individual will be given a ninety (90) day exit notice. This notice will be sent to all the Planning Team Members. A planning meeting must be held within ten (10) working days from receipt of the notice. The individual will have the opportunity to re-write their vision and their outcomes, or their IP goals at the time of the meeting. During the ninety (90) day exit period the new actions/outcomes and goals must be implemented and if they are being followed then the exit notice will be null and void and the individual will remain in services with the provider. If it is determined that the exit will take place then the individual must be notified in writing why they are being exited from

services, a written notice must detail their right to request a Fair Hearing. These requirements and procedures are found in ARM 37.5.115.

It should be noted that the individual exiting services retains their remaining annual funding, unless they are exited from the Waiver.

3. An individual may be exited from Waiver Services and General Fund Services by the State Developmental Disabilities Program. This must be stated in writing and presented to the individual being exited within five (5) working days for the following reasons:

- The State cannot assure the health and welfare of an individual.
- The individual exhausts all providers in a specific geographic area and chooses to remain in the geographic area. The individual must be advised in writing that their provider options are limited and Waiver Services could expire if there are no other Waiver providers available to provide care.
- Non-Utilization of Services: Non-utilization of services must prompt a planning meeting within ten (10) working days from the 30<sup>th</sup> day of non-utilization of services to determine why the individual is not using the service. The Team must focus on what services the individual desires and whether or not those services are available. If the individual no longer wishes to participate in any Waiver Services then this must be stated in writing and signed by the individual, guardian, or advocate and submitted to the State office within five (5) working days from the date of the planning meeting. If the planning team determines that the individual is not interested in Developmental Disabilities Services due to failure to participate in planning meetings or services, the individual may be exited from Developmental Disabilities Services. The Team must document and justify their decision and request approval of termination from the Regional Manager. The Regional Manager must make a determination within five (5) working days and notify the individual and Team members in writing within five (5) working days from the date of the decision.

### **Fair Hearing Requirements**

Individuals must be afforded the opportunity to request a Fair Hearing in all instances when they:

- Are not provided the choice of Home and Community-based Waiver Services as an alternative to institutional care;
- Are denied the service of their choice or the provider of their choice; or
- Their services are denied, suspended, reduced or terminated.

The various Fair Hearing rules in relation to Montana State Developmental Disabilities Services are memorialized at 37.5.115 ARM. For any adverse actions funded with Medicaid monies there

is a specific rule, 37.34.919 ARM governing the provision of a right to a Fair Hearing. An action to exit someone from services is a “denial of services” for which there is clearly a right to Fair Hearing under Administrative rule 37.34.919.

# IFE&S UPDATE FORM

NAME OF INDIVIDUALDATE OF ORIGINAL APPLICATIONDATE OF  
UPDATE FORM

## PROVIDER AGENCY

EMPLOYEE FILLING OUT FORM

JOB TITLE

PLEASE CHECK IF APPLICABLE:

☐ No significant change

☐ At risk of out of home placement

CHANGES ARE:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Developmental Disabilities Program

Region \_\_\_\_ Office

Address:

Phone:

Email:

Date:

INTENSIVE FAMILY EDUCATION AND SUPPORT  
QUALIFIED PROVIDER CHOICE

As a recipient of Intensive Family Education and Support Services (IFE&S) funded by the Developmental Disabilities Program, we have been given the opportunity to choose between the qualified Intensive Family Education and Support service providers. I also understand that anytime during the year, I can change my choice of provider.

Name of Individual\_\_\_\_\_

My choice of provider is:

Signature of Parent/Guardian\_\_\_\_\_Date\_\_\_\_\_

The above information has been reviewed with the family by the Developmental Disabilities Program Quality Improvement Specialist.

Quality Improvement Specialist\_\_\_\_\_Date\_\_\_\_\_

Developmental Disabilities Program  
Region \_\_\_\_ Office  
Address:  
Phone:  
Email:

Date:

To:

From: \_\_\_\_\_, Quality Improvement Specialist

On \_\_\_\_\_ the following decision was made concerning the referral of

\_\_\_\_\_ to the Developmental Disabilities Program (DDP)  
Region \_\_\_\_\_ office by the Intensive Family Education and Support (IFE&S) Screening  
Committee.

**Screening Decision:**

\_\_\_\_\_ has been selected to receive Intensive Family Education  
and Support Services (IFE&S).

The Family Support Specialist from the Qualified Provider you select will contact you to plan  
and arrange services.

cc: FSS

Developmental Disabilities Program  
Region \_\_\_\_ Office  
Address:  
Phone:  
Email:

Date: \_\_\_\_\_

To:

From: \_\_\_\_\_, Quality Improvement Specialist

On \_\_\_\_\_ the following decision was made concerning the referral of  
\_\_\_\_\_ to the DDP Region \_\_\_\_\_ Office by the Intensive Family  
Education and Support (IFE&S) Screening Committee.

**Screening Decision:**

\_\_\_\_\_ was considered but was not selected for the following service:  
Intensive Family Education and Support (IFE&S).

\_\_\_\_\_ will remain on the waiting list for Intensive Family Education and  
Support (IFE&S) services.

**FORMAL APPEAL PROCEDURE INFORMATION**

*An individual, his/her advocate, guardian, family member, or other designated representative for the individual can appeal determinations of a screening committee by sending comments in writing to the Developmental Disabilities Screening Review Board. These comments must be sent in writing within 10 working days of the date of this notice. Comments can be mailed to the Developmental Disabilities Program Director, Dept. of Public Health and Human Services, 111 Sanders Room 305, P.O. Box 4210, Helena, MT, 59604-4210, for the Screening Review Board's consideration. This is the first step in the formal appeals process. See Administrative Rules of Montana 37.5.115, et. seq. for information regarding Fair Hearings. For information and assistance regarding advocacy, contact:*

*The Montana Advocacy Program  
P.O. Box 1681  
Helena, MT 59624 Phone: 449-2344*

cc: FSS